Our child has our consent to travel with LAUREN OLSON (of 46557 219th St Volga, SD 57071) & KATHLEEN TROWER (of 25032 475th Ave Dell Rapids, SD 57022) to visit OMAHA, NE (March 14-15, 2014). In the event that our child requires emergency medical treatment and we cannot be reached, LAUREN OLSON/KATHLEEN TROWER is authorized to consent to medical treatment in our stead.

|  |  |
| --- | --- |
| Student’s Name (printed) | Parent’s Name (printed) |
|  |  |
| Address | Parent’s Signature |
|  |  |
| *\*This student has:* ***allergies****, an existing* ***medical condition****, and/or is taking a* ***medication****.* | YES NO |

\*If YES print and return medical form.